

Electronic Debit Service Agreement



**Washington State
Health Care Authority**
Public Employees Benefits Board

The Health Care Authority (HCA) is pleased to offer electronic debit service (EDS) for Public Employees Benefits Board (PEBB) subscribers. With EDS, you can automatically pay your monthly insurance premiums from your checking or savings account.

Signing up is easy:

Step 1 Complete the form below, authorizing the HCA to automatically withdraw the monthly premium from your account.

Step 2 Send this form, with either a **voided check** (for a checking account) or a, **deposit slip** (for a savings account) to:

**Washington State
Health Care Authority**
ATTN: Accounting
P.O. Box 42695
Olympia, WA 98504-2695

Step 4 Continue to pay your premium invoices until you receive a letter from the HCA indicating your EDS start date.

Step 5 Changes to the bank information below must be submitted in writing to the HCA.

Remember!

Allow approximately six to eight weeks for EDS approval and notification.

If you have questions or would like more information, call the HCA Accounting Office at 360-923-2864.

Step 3 Keep a copy for your records.

Insured's Information

Insured's name (please print)

Insured's social security number (If you are the spouse/same-sex domestic partner of a deceased PEBB retiree, provide his/her social security number here.)

Bank Account Information

Account holder's name (if different from above; please print)

Name of financial institution

Branch

City

State

ZIP Code

Bank routing number

Checking

Savings

Account number

This authorization is for monthly insurance premiums only. It remains in effect until the HCA receives written notification from me ten (10) days prior to monthly debit. Any changes to the above bank information will be submitted in writing to the HCA.

The debit will occur on the 15th day of each month of insurance coverage and will be in the amount of the invoiced premium. Notification of items returned for nonsufficient funds or closed accounts will come directly from the HCA and will include repayment instructions.

I hereby authorize the HCA to start debit entries to my account identified above.

Account holder's signature

Date